U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Office States IV	iaisiiais bei vi	.cc			500 <u>111517 t</u>	icitoris	jor bervice	oj i rocess t	y O.S. Marshai			
PLAINTIFF Beau D. Jammes							COURT CASE NUMBER 18-CV-493					
							TYPE OF PROCESS Order, 4th Amended Complaint, Notice, Waiver					
NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE Sgt McQuaid												
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)												
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							Number of process to be served with this Form 285					
	Number of parties to be served in this case											
511 N Superior St Apt #1 Appleton, WI 54911							Check for service on U.S.A.					
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):												
Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF						TEL	EPHONE NU	DATE				
Beau D. Jamme	es			DI	EFENDANT		03/07/2019					
	SPACE BEL	OW FOR	USE OF U.S. MAI	RSHAL ONLY -	DO NOT V	RITE	BELOW	THIS LINI	E			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin No No					Date							
I hereby certify and return that I \square have personally served, \square have legal evidence of service, \square have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.												
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)												
Name and title of individual served (if not shown above)						Date	:	Time	□ am □ pm			
Address (complete only different than shown above)						Signature of U.S. Marshal or Deputy						
Service Fee	Total Mileage (including ende		Forwarding Fee	Total Charges	Advance Depo	Amount owed to U.S. Mar (Amount of Refund*)		ırshal* or				

REMARKS

Form USM-285 Rev. 11/18

U.S. Department of Justice

PROCESS RECEIPT AND RETURN

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF					COURT CASE NUMBER						
Beau D. Jammes						18-CV-493					
							TYPE OF PROCESS				
Sgt McQuaid et al NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION.							Order, 4th Amended Complaint, Notice, Waiver				
SERVE	Officer Ryan		•	, ,	ERVE OR DI	ESCRIPTIC	ON OF PROP	ERTY TO SEIZ	ZE OR CONDE	MN	
AT	ADDRESS (Street	et or RFD, A _l	oartment No., City, S	tate and ZIP Code)							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285											
						301					
Beau D. Jammes 511 N Superior St Apt #1							Number of parties to be served in this case				
Appleton, WI 54911							Check for service on U.S.A.				
SPECIAL INSTR	UCTIONS OR OTHER	R INFORMA	TION THAT WILL .	ASSIST IN EXPEDI	TING SERVI	ICE (Include	Business and	Alternate Addres	ses, All Telephone	,	
Numbers, and Estin	nated Times Available for	Service):									
Signature of Attor	rney or other Originator	r requesting s	ervice on behalf of:	√ PI	LAINTIFF	TEL	TELEPHONE NUMBER DATE				
							00/05/0040				
Beau D. Jamn	nes			LJ D	EFENDANT		03/07/2019				
	SPACE BELOW	V FOR US	E OF U.S. MAF	RSHAL ONLY -	- DO NOT	WRITE	BELOW	THIS LINE	C		
I acknowledge rec		otal Process	District of Origin	District to Serve	Signature of	of Authorize	ed USMS De _I	outy or Clerk	Date		
	number of process indicated. (Sign only for USM 285 if more										
	than one USM 285 is submitted) No No										
	I hereby certify and return that I \square have personally served, \square have legal evidence of service, \square have executed as shown in "Remarks", the										
•	ed on the individual,		orporation, etc., at	the address shown	above on th	e on the ir	ndividual, co	ompany, corpo	oration, etc.		
	dress inserted below.	-									
	ertify and return that I a			company, corporation	n, etc. named						
Name and title of individual served (if not shown above)						Date	•	Time	□ am		
									□ pm		
Address (complete only different than shown above)						Sign	Signature of U.S. Marshal or Deputy				
Service Fee						Deposits Amount owed to U.S. Marshal* or					
(including endeavors)		Total Charges	(Amount of Refund*)			isnal. Oi					
-					l						

REMARKS

Form USM-285 Rev. 11/18

U.S. Department of Justice

PROCESS RECEIPT AND RETURN

United States Marshals Service					See "Instructions for Service of Process by U.S. Marshal"					
PLAINTIFF Beau D. Jammes					COURT CASE NUMBER 18-CV-493					
DEFENDANT Sgt McQuaid et al						TYPE OF PROCESS Order, 4th Amended Complaint, Notice, Waiver				
SERVE AT										
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be										
BLO NOTICE OF BEAUTICE COST TO RESCORD STATE OF THE SECOND STATE O						served with this Form 285				
Beau D. Jammes 511 N Superior St Apt #1						Number of parties to be served in this case				
Appleton, WI 54911						Check for service on U.S.A.				
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):										
Signature of Attorn	ey or other Originator reques	ting service on behalf of:	✓ PI	LAINTIFF	TEL	TELEPHONE NUMBER DATE				
Beau D. Jamme	es		Di	EFENDANT		03/07/201				
	SPACE BELOW FOR	R USE OF U.S. MA	RSHAL ONLY -	DO NOT V	VRITE	BELOW 1	THIS LINE	E		
number of process in (Sign only for USM)	I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin No No									
I hereby certify and return that I \square have personally served, \square have legal evidence of service, \square have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.										
	ify and return that I am unab		company, corporation	n, etc. named ab	ove (See	remarks below)			
Name and title of individual served (if not shown above)					Date	:	Time	□ am □ pm		
Address (complete only different than shown above)					Signature of U.S. Marshal or Deputy					
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	1		Amount owed to U.S. Marshal* or (Amount of Refund*)		rshal* or		

REMARKS

Form USM-285 Rev. 11/18